



SERIAL NO.: 09/699,002 GROUP ART UNIT: 1616

FILED: October 26, 2000 EXAMINER: Radio.

FOR: HIGH VISCOSITY LIQUID CONTROLLED DELIVERY SYSTEM AND MEDICAL OR SURGICAL DEVICE

ATTORNEY DOCKET NO.: S0351/249009

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Emily Guida Foss
Emily Guida Foss

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DATE: November 8, 2004

**NOTICE OF APPEAL TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**

Sir:

Applicants appeal the decision of Examiner Radio finally rejecting claim 92 and objecting to claim 89, in the above-identified application by the final Office Action dated May 6, 2004 and the Advisory Action mailed September 17, 2004.

The Commissioner is hereby authorized to charge Deposit Account No. 11-0855 the fee of \$340.00 for filing a Notice of Appeal under 37 C.F.R. §1.17(e).

11/15/2004 HAL111 00000084 09699002

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340.00 OP

Respectfully submitted,


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		Application Number	09/699,002
		Filing Date	October 26, 2000
		First Named Inventor	Gibson, et al.
		Group Art Unit	1616
		Examiner Name	Badio
Total Number of Pages in This Submission		Attorney Docket Number	S0351/249009

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Under 37 C.F.R. 1.137(b)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Check in amount of \$1210
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Return Receipt Postcard
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce D. Gray, Reg. No. 35,799 Kilpatrick Stockton LLP
Signature	
Date	November 8, 2004

CERTIFICATE OF MAILING

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Typed or printed name	Emily Guida Foos
Signature	
Date	November 8, 2004

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